



Quad Cities Campus
 6600 34th Ave
 Moline, Illinois 61265-5899
 (309) 796-5900
accessQC@bhc.edu

East Campus
 26230 Black Hawk Rd
 Galva, IL 61434
 (309)854-1713
accessEC@bhc.edu

Fax (309)796-5901

Disability Resources & Access Student Intake Form

Please fill out form completely to ensure we have the best information regarding your disability and educational needs.

First Name: _____ Last Name: _____

Date of Birth: _____ Student ID Number: _____

Preferred Name (if different): _____

Pronouns: she/her he/him: they/them: other: _____

Street: _____ City: _____ State: _____

Zip Code: _____

Cell Phone: _____ Student E-Mail: _____@mymail.bhc.edu

Current student? Yes No If No: When do you plan to enroll at Black Hawk? _____

Have you ever received accommodations at another college or university? Yes No

If yes, what College/University did you attend? _____

What accommodations did you receive? _____

What high school did you attend? (if local) _____

Year of High School Graduation or GED Completion: _____

Did you have an IEP or 504 Plan in High School? Yes No Unsure

Do you receive assistance from the following:

Department of Rehabilitation Services *Yes No

*If yes, what is your counselor's name? _____

Are you working with a TRIO advisor? Yes No Unsure

Are you a military veteran? Yes No

When was your disability first identified or diagnosed? _____

Please describe how your disability affects, limits or impacts you as a student: _____

Black Hawk College will make all educational and personnel decisions without regard to race, color, religion, gender, sexual orientation marital status, national origin or ancestry, age physical or mental disability unrelated to ability, or status as a disabled veteran or Vietnam era veteran, except as specifically exempted by law. If you need this form in an alternative format, please contact Disability Resources & Access, 309-796-5900.



Disability Resources & Access Student Intake Form

Do you have difficulty doing any of the following? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Paying attention in class | <input type="checkbox"/> Focusing on lecture |
| <input type="checkbox"/> Completing assignments | <input type="checkbox"/> Managing time |
| <input type="checkbox"/> Taking notes | <input type="checkbox"/> Following directions |
| <input type="checkbox"/> Memorizing information | <input type="checkbox"/> Proofreading |
| <input type="checkbox"/> Reading at a good rate | <input type="checkbox"/> Understanding what you read |
| <input type="checkbox"/> Math calculations | <input type="checkbox"/> Math word problems |
| <input type="checkbox"/> Spelling | <input type="checkbox"/> Putting thoughts in to words |
| <input type="checkbox"/> Finishing the test on time | <input type="checkbox"/> Being motivated |
| <input type="checkbox"/> Focusing on homework | |
| <input type="checkbox"/> Other (please specify) _____ | |

What is your diagnosed disability/disabilities that cause limitations in your education? (check all that apply)

Documentation must be provided for any disability you are requesting accommodations. Documentation can include: IEP, 504 Plan, medical documentation, psychological evaluations, VA records, accommodations from another College, etc.

- Attention Deficit/Hyperactivity Disorder (ADD/ADHD)
- Anxiety Disorders (Anxiety, OCD, PTSD, Phobias, Generalize Anxiety, Panic Disorder, Social Anxiety)
- Autism Spectrum Disorder/Asperger's
- Blind/Low Vision
- Chronic Illness (CP, Chron's, Migraines, Diabetes, Epilepsy/Seizures, MS, Rheumatoid Arthritis)
- Deaf/Hard of Hearing
- Learning Disability **Please Specify:** _____
- Mood Disorders (Bipolar, Cyclothymia, Depression, Seasonal Affective Disorder)
- Personality/Psychotic Disorders (Borderline Personality, Schizoffective, Schizoid Personality, Schizophrenia)
- Physical/Mobility
- Traumatic Brain Injury (Post-Concussion Syndrome, TBI)
- Other **Please Specify:** _____

What accommodation(s) are you requesting? Please note, accommodations are approved on a case-by-case basis and you may not be eligible for or receive the accommodations you are requesting.

- | | |
|---|---|
| <input type="checkbox"/> eBooks / Audio Books | <input type="checkbox"/> Extended time for tests/quizzes |
| <input type="checkbox"/> CART | <input type="checkbox"/> Priority Seating (Front row/Near Exit Door) |
| <input type="checkbox"/> Peer note taker | <input type="checkbox"/> Reduced-distraction testing environment |
| <input type="checkbox"/> Copies of instructor notes | <input type="checkbox"/> Sign Language Interpreter |
| <input type="checkbox"/> Scribe for exams | <input type="checkbox"/> Fidget Toys |
| <input type="checkbox"/> Recording lectures | <input type="checkbox"/> Tests read aloud |
| <input type="checkbox"/> Ability to leave class | <input type="checkbox"/> Flexibility due to medical condition |
| <input type="checkbox"/> Closed Caption Videos | <input type="checkbox"/> Use of electronic device for note-taking (iPad, smart pen, etc.) |
| <input type="checkbox"/> Other Please Specify: _____ | |

To ensure the provision of reasonable and appropriate services for students with disabilities at Black Hawk College, students needing such a service are required to provide current and comprehensive documentation of their disability. This documentation should include diagnosis of condition(s) describe the functional difficulties and limitations in an educational setting, indicate the severity and longevity of the conditions, and offer recommendations for accommodations.